

2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED

05 APR 29 PM 5:26
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # A97000001581 1. Entity Name SEMBLER E.D.P. PARTNERSHIP #8, LTD.					
Principal Place of Business 5858 CENTRAL AVENUE ST PETERSBURG, FL 33707			Mailing Address % THE SEMBLER COMPANY P.O. BOX 41847 ST PETERSBURG, FL 33743-1847		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 59-3462216			Applied For Not Applicable		
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			04062005 Chg-LP CR2E003 (10/03)		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SHER, CRAIG H 5858 CENTRAL AVENUE ST PETERSBURG, FL 33707			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. \$1,019,160.00		10. Amount of Capital Contributions in FLORIDA to date. 99.00			
A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	P96000003312		STREET ADDRESS	400954757734	
NAME	SEMBLER RETAIL, INC.		CITY-ST-ZIP	05/19/05--01009--010 **150.00	
STREET ADDRESS	5858 CENTRAL AVENUE				
CITY-ST-ZIP	ST PETERSBURG, FL 33707				
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS					
CITY-ST-ZIP					
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS					
CITY-ST-ZIP					
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS					
CITY-ST-ZIP					
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS					
CITY-ST-ZIP					
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes					
SIGNATURE: 			4/19/05 727-384-6000		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date Daytime Phone #		

CRAIG SHER, PRESIDENT

STAPLE CHECK HERE